

Nebraska Board of Dentistry

Newsletter

February 2002

2001 Chairperson's Message

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Omaha

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2002 Vice-
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Geneva

Paul Tamisiea DDS
Omaha

The year of 2001 was an eventful one for the Nebraska Board of Dentistry. We saw some very positive change and flexibility in the process of licensure with the acceptance of candidates who have successfully passed the Western Regional Examination Board (WREB). This took effect January 1, 2001, and allows that anyone who has passed the WREB after that date is eligible for licensure in Nebraska. We also continue to accept results of the Central Regional Dental Testing Service (CRDTS) for licensure. Time will tell if this will impact the demographics of the licensees of our state.

At the state and national levels, scope of practice of the members of the dental team continues to be studied and challenged. (Please see additional newsletter articles.) The Board of Dentistry is constantly monitoring trends across the country and evaluating what is happening within the profession to try to maintain standards that uphold the safety of the public.

On the national front a major debate is raging about the feasibility of moving away from patient based clinical exams for dental licensure. This has many pros and cons on both sides of the issue and will continue to be debated for some time. Recent years have brought more simulation to the exams, which may help "level the playing field" for all candidates. It is a given that no test is perfect but we have been very fortunate here in Nebraska to be a part of the CRDTS exam, and now the WREB exam. Both have been evaluated extensively and have proven to be very valid and reliable, as well as very fair to candidates. Stay tuned for additional updates on this issue.

At the state level, it has been brought to the attention of the Board of Dentistry that it is illegal to sell and dispense prescribed pharmaceuticals from a dental office unless that office also has a pharmacy permit. Although these laws are not new, this has become more of an issue lately with the increase in selling/dispensing of fluoride and other items directly from the dental office. (Please see additional newsletter articles.)

The Board of Dentistry itself was proactive this past year in pursuing support for legislative proposals in three areas: 1) Faculty permits/licenses, 2) Volunteer licenses and 3) Changes in the definition of the practice of dentistry. All three proposals were turned down for support by Health and Human Services. However, the proposals for faculty licensure and the definition of dentistry are now being pursued by other entities within the profession. More debates will follow on these issues as we seek to keep abreast of profession changes that will improve the level of education and patient care.

Finally, I would like to let you know that both of our Board of Dentistry members who sought reappointment, Dr. Paul Tamisiea and Dr. James Murphy were reappointed to an additional five-year term. Both are excellent board members and servants of the State and the profession of dentistry.



Meeting Highlights From 2001

January 12, 2001 - The Board elected new officers for the year. The American Student Dental Association presented to the Board reasons why they felt all regional clinical licensure examinations scores should be accepted as proof of passing a clinical examination requirement for licensure. The Board discussed creating a new licensure type for a separate faculty licensure.

April 6, 2001 – Sue Asher reported to the Board about some problems and concerns within the dental assisting profession. The Board agreed to accept scores of the Western Regional Examining Board examination. The scores will be accepted for examinations taken after January 1, 2001.

July 13, 2001 – The Board discussed the ADA 2000 Resolution 64H and recommended that the ADA rescind this recommendation. They discussed a proposal for volunteer licensure and updating the definition of dentistry.

October 5, 2001 – The Board was updated on the 2002 legislative proposals. The Board discussed pharmacies requiring practitioners to have a DEA number on all prescriptions. The Board was informed on how delegating dispensing (a new pharmacy statute) would effect the practice of dentistry.

Know License Status Options

Dental professionals who are considering not maintaining an active Nebraska license have two options available:

Inactive status means the voluntary termination of the right or privilege to practice dentistry or dental hygiene in the State of Nebraska. The licensee retains the right or privilege to represent oneself as having an inactive Nebraska license and can reinstate the license at any time by meeting the current renewal requirements.

Lapsed status means the voluntary termination of the right or privilege to represent oneself as a licensed person and to practice dentistry or dental hygiene in the State of Nebraska. If you wish to regain a license after choosing lapsed status, it is more difficult. You will be required to meet requirements in place for a new licensee.

If there is a remote chance that you may wish to practice your profession again in our Great State of Nebraska, please consider these two options carefully.

Useful Websites

The Department is working on having the licensing section's websites up and running by the beginning of May 2002. Here are a few websites that could be useful:

1. Regulation and Licensure:

www.hhs.state.ne.us

Provides licensure status of all individuals of the health professions with a Nebraska license; provides the most recent schedule for contested disciplinary hearings; provides the most recent report on Credentialing Reform 2000; and discusses board member responsibilities.

2. Nebraska statutes:

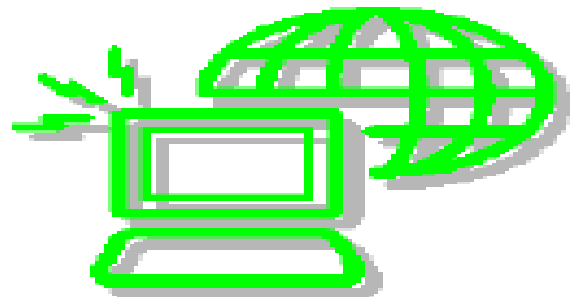
<http://statutes.unicam.state.ne.us/>

Provides access to all Nebraska statutes.

3. Nebraska Regulations:

www.nol.org/home/SOS/Rules/rdisc.htm

Provides access to all Nebraska regulations.





If You are Using Anesthesia... A Permit is Required

All Dental Hygienists are required to have a local anesthesia certificate if they wish to administer local anesthesia. All dentists are required to have a separate permit if they wish to use the different levels of anesthesia (Inhalation Analgesia, Parenteral Sedation, or General Anesthesia). Parenteral Sedation and General Anesthesia permits require an inspection of your office and equipment. Inactive status is available for all permits. The following are some commonly asked questions:

INHALATION ANALGESIA

1. Section 011.03A2c requires an oxygen delivery system, together with a backup system. What is meant by a "backup system"?

Response: A backup system would mean to have a portable tank of oxygen at the facility which could be used in case the primary tank failed or in the case of a central unit failure.

2. Section 011.03A2d requires a nitrous oxide delivery system, with connectors, that are capable of delivering nitrous oxide with oxygen to a patient within 0% - 80% output range. Would a system that delivers 0% - 70% meet this requirement, or must the equipment be capable of 0% - 80%?

Response: A system that delivers 0% - 70% would meet the requirement. Any maximum percentage that fits within the range of 0% - 80% is acceptable, but the system cannot exceed 80%.

3. Section 011.03A2g (1) requires patient records which include a medical history prior to the administration of inhalation analgesia

Nebraska Health and Human Services System

and physical evaluation records. What is meant by "physical evaluation records"?

Response: Physical evaluation records would include the patient's vital signs taken in the dental office such as pulse, blood pressure, respiration, temperature and weight.

4. Section 011.03A2h requires that drugs with current dates be available for treatment of medical emergencies. What emergency drugs would the Board require in dental offices where inhalation analgesia is administered?

Response: There really are no emergency drugs for nitrous oxide. The most typical complication would be giving the patient too much nitrous oxide, in which case the nitrous would be shut off and the patient given 100% oxygen. Suction and oxygen must be available. Some dentists may have emergency drugs on hand in their office such as epinephrine for anaphylactic shock or Benadryl for allergic reactions; however, emergency drugs such as these are not required for the permit to administer inhalation analgesia.

5. Both inhalation analgesia and parenteral sedation require oral pharyngeal airways. Please describe these airways.

Oral pharyngeal airways are short length airways that are inserted into the oral cavity. They extend into the pharyngeal area to maintain an open airway. They are useful in the event the patient's tongue or epiglottis occlude the airway. They are available from medical supply outlets.

PARENTERAL SEDATION

1. Section 011.02A2g (5) requires a pulse oximeter for administration of parenteral sedation. Is that really necessary?

Response: A pulse oximeter is necessary for administration of both parenteral sedation and general anesthesia.

2. If the Board decides that a pulse oximeter is necessary, does each office just need to have one, or must a pulse oximeter be used in all cases?

Response: The Board determined that a pulse oximeter is required for both parenteral sedation and general anesthesia. The expectation is that this device be used in all cases for the safety of the patient.

3. If the office intends to deliver parenteral sedation to more than one patient at a time, are they required to have a pulse oximeter for each patient?

Response: Yes (see #2)

4. Section 11.02A2g (6) requires a cardiac oscilloscope for administration of parenteral sedation. Is that really necessary?

Response: A cardiac oscilloscope is necessary and is required for both parenteral sedation and general anesthesia.

5. Section 011.02A2i requires drugs with current dates available for treatment of medical emergencies related to airway obstruction, allergic reactions and hypotension. Are all these necessary for administration of parenteral sedation?

Response: Drugs for medical emergencies related to airway obstructions and hypotension are not necessary for parenteral sedation and will be eliminated from the requirement. The only requirement for emergency drugs for administration of parenteral sedation will be drugs for allergic reactions. **The Board recommends some type of reversal agent be available.**

GENERAL ANESTHESIA

1. Section 011.01A3 requires that a dentist applying for a permit to administer general anesthesia be currently certified in basic life-support skills. Why didn't the Board require advanced life-support skills for this level?

Response: The statute currently specifies basic life-support for all three levels of certification. Any changes in this requirement, i.e. requiring advanced life-support for general anesthesia certification, would require a statute change and subsequent regulation revision.

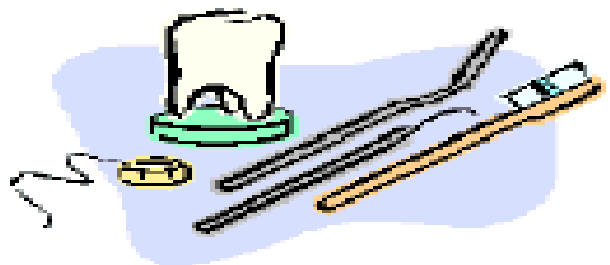
The applications are available through the office. Please contact Shirley Nave at (402) 471-2118 or by e-mail at shirley.nave@hhss.state.ne.us

2001 Legislation that Affects the Dental Profession

The passing of LB209 allows the acceptance of other clinical examinations that meet the qualifications for initial licensure that the Board determines comparable. This bill also included an exemption for having a license to practice for dental hygiene students and a requirement that training schools be accredited by the ADA.

The Board approved the acceptance of the Western Regional Examining Board (WREB) at their April board meeting. The effective date for the acceptance of this examination in Nebraska is January 1, 2001, so scores received for any WREB examination taken after this date will be accepted for licensure.

The passing of LB398 requires dentists that dispense prescription items and charge the patient will be required to obtain a delegating dispensing permit. This permit involves an agreement between a pharmacist and a dentist that allows the dentist to dispense under the pharmacist's authority. The form will be made available through the Department in the near future.





Why Pharmacies Require DEA Numbers

The Board of Dentistry has received inquiries from Nebraska-licensed dentists about why a pharmacy should require them to provide their DEA number when the prescription they have written is not for a controlled substance. In checking with the Nebraska Pharmacists Association, the Board learned that this practice is related to insurance coverage.

Insurance companies identify their members with their DEA number. If the pharmacy fills a prescription without first obtaining the practitioner's DEA number, the insurance company will deny payment to the pharmacy. The patient would have paid their co-payment, but the pharmacy would not be paid for the insurance company's portion of the cost of the prescription.

This practice creates a problem for the dentist as well as for the patient. Some dentists choose not to have a DEA number, and others who do have a DEA number are concerned about providing their number unnecessarily due to the potential for abuse. If the pharmacy believes the insurance company will not reimburse them for the prescription, they may ask the patient to pay for the entire cost of their prescription up front or may even refuse to fill the prescription.

There is no immediate solution to this problem, but the Board of Dentistry wanted to inform dentists why this is occurring. When the Health Insurance Portability and Accountability Act

(HIPAA) is fully enacted, every provider will have a unique identifier number that could be used by insurance companies in place of the DEA number. Until that time, the problem will continue unless the insurance companies can be persuaded to use a different identifier.

Concerns that Exist within the Dental Assisting Profession

These are state and national concerns that were reported to the Board. The Board felt that active dentists should be aware of these concerns.

The following concerns were brought to the attention of the Board:

1. Some Dental Assistant students begin the programs but never finish. These students are still being hired by virtue that they were in a dental assisting program.
2. Dental Assistants need to have taken an approved x-ray course in order to take X-rays. *The Department has a list of courses that have been previously approved. The dental assistant needs to be able to provide proof of completion of an approved x-ray course.*
3. Dental Assistants need to have taken an approved coronal-polishing course, which includes written and clinical examinations, in order to perform coronal polishing. *The Department has a list of courses that have been previously approved. The Board recommends that the dentist check the approval of the coronal polishing course before he/she allows a dental assistant to perform this procedure.*
4. Dentists should be aware of the procedures that their dental assistants and hygienists are able to perform. The Board has developed a list of expanded functions that can be performed. *This list is available through the Department.*

Please contact the Department at 402-471-2118 or by e-mail at shirley.nave@hss.state.ne.us.



Dispensing Prescription Fluoride

Dentists routinely dispense fluoride products to their patients for their use at home. Some of these fluoride products are over-the-counter (OTC) products; however, many of these fluoride products are prescription drugs.

The Pharmacy Practice Act sets out the requirements for the practice of pharmacy, including the identification of who may legally dispense prescription drugs. Neb. Rev. Stat. §71-1,143 contains a number of exceptions to the practice of pharmacy. This section provides a specific exception for practitioners such as dentists. A practitioner may dispense prescription drugs or devices as an incident to his or her practice; however, if a practitioner regularly dispenses prescription drugs or devices to patients for which such patients are charged, the practitioner must have a pharmacy license.

This exception allows a dentist to dispense prescription drugs as an incident to the practice of dentistry to his or her patients if the dentist does not charge for them. If a dentist regularly or routinely dispenses prescription drugs to his or her patients and charges the patient for these drugs, then the dentist must obtain a pharmacy license. There are currently 35 dispensing practitioners who hold a pharmacy license – 33 are physicians and 2 are dentists. This pharmacy license authorizes the dentist to dispense any prescription drugs or devices that

are within the dentist's scope of practice to prescribe to his or her patients.

In the 2001 Legislative Session, LB 398 was passed, making many changes in the Pharmacy Practice Act. One of these changes was the concept of delegated dispensing, and this concept is another option for dentists who dispense prescription fluoride products to their patients and charge for them.

The law now allows a licensed pharmacist to delegate certain specified dispensing tasks and functions under specified conditions and limitations to another person by entering into a delegated dispensing agreement. This delegated dispensing agreement then serves as the basis for the person to obtain a delegated dispensing permit. A dentist could enter into a delegated dispensing agreement with a pharmacist who is willing to delegate his or her dispensing authority to the dentist for dispensing specific prescription fluoride products. The dentist would then obtain a delegated dispensing permit from the Department of Health and Human Services Regulation and Licensure that would authorize the dentist to dispense according to the specifications of the delegated dispensing agreement.

The Department of Health and Human Services Regulation and Licensure is in the process of developing regulations to implement the new law related to delegated dispensing. No delegated dispensing permits have been issued at this point, but information on how to apply for delegated dispensing permits will soon be available. Until that time, the Board of Dentistry recommends that dentists provide their patients with a written prescription for fluoride products that the patient can have filled at any pharmacy. If the dentist has a supply of prescription fluoride products on hand that could expire prior to the dentist having authority to dispense, the dentist may sell these products to the pharmacy.

If you have further questions, please contact Vonda Apking at 402-471-4926 or by e-mail at vonda.apking@hss.state.ne.us

Initial Licenses Issued on Probation or with Limitations

NAME	MISDEMEANOR/FELONY CONVICTION
Jennifer Wallace RDH	1997 conviction of Theft by Unlawful Taking
Issued Initial 2 year Probationary License on 07/19/01	
Joseph Z. Hull DDS	1997 conviction of Stalking
Issued Initial Limited License on 07/24/01	
Janelle Sargent RDH	1990 conviction of DUI 1994 conviction of DUI Misrepresentation of material facts on licensure application
Issued Initial 2 year Probationary License on 07/25/01	

License Statistics

Licenses/Permits/Certifications (as of 1/1/2002)

	<u>Total Active</u>	<u>Issued in 2001</u>	<u>Issued by Reciprocity</u>
Dentist Licenses	1357	46	4
Dental Hygienist Licenses	789	66	10
General Anesthesia Permits	28	4	
Parenteral Sedation Permits	32	4	
Inhalation Analgesia Permits	355	24	
Local Anesthesia Certifications	445	66	
Dental Temporary License	12	6	

Disciplinary Actions Since the Last Newsletter (January 2001)

Name	Charge
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January 2001

Shaun Parker DDS	Unprofessional Conduct -Self medicating with nitrous oxide Uniform Controlled Substances Act Violation -Knowingly or intentionally acquiring or attempting to acquire controlled substances by misrepresentation, deception, or subterfuge Controlled Substance Addiction Dishonorable Conduct – Unfitness- 1) Obtaining controlled substances by fraudulent prescriptions or other means of deception; 2) Enlisting dental clinic employees, by manipulation or by implied coercion, into illegal schemes to obtain drugs for personal use; 3) Falsely using the names of other dentists as prescribers for fraudulent prescriptions; 4) Abusing the trust of his employer
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Date of Petition 01/01	Discipline Received: Suspension 01/23/01 to 05/14/01 5 years Probation 01/23/01 to 01/23/06
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April 2001

Gary May DDS	Unprofessional Conduct - Performed a frenectomy on the wrong child
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Date of Petition 04/01	Discipline Received: Censure 04/18/01
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August 2001

David Smith DDS	Unprofessional Conduct – 1) Inappropriate and excessive prescribing of controlled substances; 2) Failure to obtain a complete medical history; 3) Failure to periodically review the course of treatment and the history of prescribing prior to continued prescribing; 4) Failure to consult with the patient's treating physicians prior to prescribing controlled substances; and 5) Failure to consult with or refer patient to a specialist qualified to provide appropriate pain management during the treatment of patient's dental conditions
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Date of Petition 06/01	Discipline Received: Suspension 08/25/01 to 09/25/01 3 years Probation 09/26/01 to 09/26/04
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Change of Address?

If you have moved or changed your business or mailing address, please remember to contact the Department staff with the new information. The US Postal Service has limitations on forwarding mail to a new address. You are responsible for meeting all renewal dates. If we can't find you, you are still not released from your professional responsibilities to maintain your license.

Any questions??? Please contact the staff at:
Department of Health and Human Services
Regulation and Licensure
Credentialing Division
PO Box 94986
Lincoln NE 68509-4986

Phone: 402/471-2118
Fax: 402/471-3577

Becky Wisell
Section Administrator

Vonda Apking
Credentialing Coordinator

Shirley Nave
Credentialing Specialist

MEETING DATES

The Board has set the following dates for Board meetings in 2002:

January 11, 2002

April 5, 2002

July 12, 2002

October 4, 2002

ELECTED OFFICERS

On January 11, 2002 the Board of Dentistry elected officers for the Year 2002. They are as follows:

Carol Brown, RDH – Chair
Robert Hinrichs, DDS – Vice-Chair
Doris Schrader – Secretary

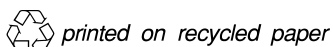
They also determined the CE Review Committee, which includes:

Roger Gerstner, DDS
Robert Hinrichs, DDS
Jane Stratman, RDH

NEBRASKA HEALTH AND HUMAN SERVICES



The Nebraska Health and Human Services System
is committed to affirmative action/equal employment
opportunities and does not discriminate in delivering
benefits or services.



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